

APPLICATION FOR LICENSURE
AS AN ASSISTANT FUNERAL DIRECTOR

To The Kansas State Board of Mortuary Arts (KSBMA):

I hereby make application for licensure as an apprentice or as an assistant funeral director as provided by the laws of Kansas and the rules and regulations of said Board, and agree to comply with the Kansas requirements of an apprentice or of an assistant funeral director which I am familiar.

Age Seventeen or over? Yes _____ No _____
High school education or equivalent as determined by the Kansas Department of Education? Yes _____ No _____
Have you ever held a Kansas assistant funeral director license? Yes _____ No _____

FOR OFFICE USE ONLY

Last Name: _____

Date Sent by KSBMA: _____

Fees Due: Application Fee: \$ 150.00

Initial Licensure Fee: \$ TO BE BILLED

Total Payment Due: \$ 150.00

Payment of the above will keep this license current until:

_____ (Next Renewal Date)

The full two-year renewal fee will be due at that time.

Date Received by KSBMA: _____

AFD License # issued: _____

Please complete and sign

The following information should be completed by the Assistant Funeral Director Applicant. Information on page two should also be reviewed and signed by the applicant - with additional information (as needed) attached to this application. Pages three and four should be completed and signed by the supervising licensed Kansas funeral director. Attachments to this application should be read, reviewed and kept by the applicant and supervising licensee with questions directed to the KSBMA office.

On the _____ day of _____, 200____, I became an employee at _____,
(Funeral home name)
located in _____, _____ under the supervision of active Kansas funeral director
(City) (State)
_____, holder of Kansas funeral director license _____.
(name of funeral director)

Is employment full-time? (circle one) Yes No

Do you wish to serve a Kansas funeral director apprenticeship? Yes No **If not serving an apprenticeship, remember to also include an additional \$50.00 and the assistant funeral director examination application.**

Funeral director apprentice applicants must have complete college transcripts sent directly to the KSBMA office from the college attended for review by the Mortuary Arts Board before a funeral director apprentice application will be provided by the KSBMA. Applicants also attending Mortuary college should wait to apply for apprenticeship until after graduation. Time will not be counted towards the one year apprenticeship until an assistant funeral director license has been issued and all time is worked on a full-time basis. (Full-time is defined as a minimum of 40 hours per week--50 weeks per year) *NOTE: An apprentice funeral director application will not be sent until all college transcripts have been reviewed and approved by the Board.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on: _____ (Date)
(Signed) _____
(PRINT Full Name) _____
(Address) _____
(City, State, Zip) _____
(County) _____
(Social Security) _____
(Telephone) _____ (Cell) _____ Email: _____

The assistant funeral director applicant must also read and sign the back of this page

*****Over*****

Assistant Funeral Director Applicant

PLEASE READ CAREFULLY

FAILURE TO COMPLETE WILL RESULT IN THIS APPLICATION NOT BEING PROCESSED

Items one (1) through six (6) listed below are contained in K.S.A. 65-1751, which states that the Kansas State Board of Mortuary Arts may refuse to issue or renew a license, may revoke or suspend a license or may publicly or privately censure a license, upon finding that a licensee or applicant for a license:

1. has been convicted of a felony, and the board determines the licensee or applicant for a license has not been sufficiently rehabilitated to warrant the public trust, or has been convicted of any offense involving moral turpitude or has been convicted of criminal desecration;
2. has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies;
3. has had a license to practice embalming or funeral directing revoked or suspended, has been censored or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, an attested copy of the record of the action of the other jurisdiction being presumptive evidence thereof;
4. has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for disciplinary action under this section;
5. has had an adverse judgement, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section or has failed to report such matter to the board;
6. has been found guilty of negligence, incompetence, fraud, misrepresentation or deceit in connection with services rendered as a licensee, and/or
7. if you are aware of any pending charges filed or in the process of being filed against you relating to any of the above situations.

As used in this section "licensee" means an **embalmer's license, funeral director's license, assistant funeral director's license**, establishment license, branch establishment license and crematory license.

_____ If you are applying for renewal of a license, check this line if any of the above situations have occurred within the past two (2) year licensing period. If you are applying for a license for the first time, or re-applying for a license that expired or lapsed, or are applying for reinstatement of a license, check this line if any of the above situations have **ever** occurred. **If submitting this renewal or application prior to your individual renewal or licensure eligibility date, it remains your responsibility to notify the board should any of the above mentioned situations occur during the time frame in which this document is submitted and up until/including your renewal due date or licensure eligibility date.**

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

| | | | |
|---|--------|------------------------|------|
| Signature of assistant funeral director applicant | County | Social Security Number | Date |
|---|--------|------------------------|------|

REMEMBER: To include documentation (including proof of rehabilitation) if you have checked the above line.

K.S.A. 74-139 states that upon request of the director of taxation, the board is required to provide a listing of all applicants, their social security number and address.

Failure to date and sign this document will result with the board being unable to complete processing of this renewal/application.

This section should be completed and signed by the Kansas licensed/supervising funeral director.

AFFIDAVIT OF LICENSED FUNERAL DIRECTOR

I hereby state that _____ began working as an assistant funeral director on the _____
(name of assistant funeral director applicant)

of _____, _____, at _____ located at _____
(name of funeral home)

_____. Please indicate if the assistant funeral director will be working full-time
(Address, City, state)

under your supervision: Yes _____ No _____. If yes, when will full-time employment begin (date): _____.

I am the holder of Kansas funeral director license No. _____ and am familiar with the Kansas requirements governing an apprentice or an assistant funeral director and I agree to comply with the same.

The funeral director under whom the assistant funeral director is registered with must immediately notify the Board when the assistant funeral director has left the funeral director's employment.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on: _____ (Signed) _____
(Date) (PRINT Full Name) _____
(Address) _____
(City, State, Zip) _____
(Social Security) _____
(County) _____

Two copies (one for the assistant funeral director applicant and one for the supervising funeral director) of the statutes and regulations governing this license are included with this application.

Kansas State Board of Mortuary Arts
700 SW Jackson St., Suite #904
Topeka, Kansas 66603-3733
Phone: (785) 296-3980
Email: boma1@ksbma.ks.gov
Web site: <http://www.kansas.gov/ksbma/>

ALL FEES ARE NON-REFUNDABLE

The supervising funeral director must also read and sign the back of this page

******* (OVER) *******
Supervising Funeral Director

PLEASE READ CAREFULLY

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1. has been convicted of a felony, and the board determines the licensee or applicant for a license has not been sufficiently rehabilitated to warrant the public trust, or has been convicted of any offense involving moral turpitude or has been convicted of criminal desecration;
2. has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies;
3. has had a license to practice embalming or funeral directing revoked or suspended, has been censured or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, an attested copy of the record of the action of the other jurisdiction being presumptive evidence thereof;
4. has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for disciplinary action under this section;
5. has had an adverse judgement, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section or has failed to report such matter to the board;
6. has been found guilty of negligence, incompetence, fraud, misrepresentation or deceit in connection with services rendered as a licensee, and/or
7. if you are aware of any pending charges filed or in the process of being filed against you relating to any of the above situations.

As used in this section "licensee" means an **embalmer's license, funeral director's license, assistant funeral director's license**, establishment license, branch establishment license and crematory license.

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I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of Supervising funeral director County Social Security Number Date

REMEMBER: To include documentation (including proof of rehabilitation) if you have checked the above line.

K.S.A. 74-139 states that upon request of the director of taxation, the board is required to provide a listing of all applicants, their social security number and address.

Failure to date and sign this document will result with the board being unable to complete processing of this renewal/application.

AMENDED JANUARY 26, 2009